



*State of Delaware*

*The Department of Services for  
Children, Youth and Their Families*

# RFP# CYF19-01a

**Request for Proposals  
For Professional Services  
Bid under Title 29 Chapter 69 Section 6981**

**SERVICE COMPONENTS**

**Behavioral Health treatment and Supportive Services**

**INFORMATIONAL BIDDERS CONFERENCE:** No Bidders Conference Scheduled

**PROPOSALS DUE:** Open and Continuous submissions (see **quarterly** review schedule inside RFP) but must be submitted by June 30, 2020 by 2:00 pm ET

**The RFP schedule is as follows:**

Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at [herbert.bolles@state.de.us](mailto:herbert.bolles@state.de.us)

**BIDDERS  
CONFERENCE**

**No bidders** conference is scheduled for this Request for Proposals

**PROPOSALS  
DUE**

For this RFP DSCYF will accept your proposal by email as described below.

**June 29, 2020  
By 2:00 pm ET**

Applications can be submitted at any time, but will be reviewed and considered **based on the schedule provided** in this RFP.

All Applications/proposals in response to this RFP may be submitted any time between now and **June 30, 2020 by 2:00 pm ET**.

**PROPOSAL  
DELIVERY:**

Please submit **your agency's** application/proposal to [DSCYF Bids Submission@delaware.gov](mailto:DSCYF_Bids_Submission@delaware.gov) noting the State of Delaware is not responsible for oversized, undelivered attachments.

As soon as possible

The Department will work diligently to complete the **quarterly application review** and authorization process in an expeditious fashion. While DSCYF reserves the right to contact bidders for additional information applications are expected to be able to stand alone based upon the written information submitted.

As soon as possible

Decisions are expected to be made and authorization announced as soon as possible based on the schedule provided. Initial notification of the outcome of the quarterly review will be to all quarterly applicants by email.

## **Table of Contents**

I.	Introduction .....	1
	Clinical Services Management	
	Evidence-Based Practices	
II.	Scope of Services .....	3
III.	Target Population.....	8
IV.	Proposal Content.....	8
V.	Background Information.....	8
VI.	Regulations.....	10
VII.	Provider Qualifications.....	11
VIII.	Compensation.....	12
IX.	Application Evaluation Criteria.....	13
X.	Award Process.....	13
XI.	Submission Content.....	13

**It is recommended that Bidders thoroughly review this RFP.**

# Treatment and Treatment Support Services

## *Open and Continuous Request for Proposals*

### I. Introduction

The Delaware Department of Services for Children, Youth and their Families' (DSCYF) Division of Prevention and Behavioral Health Services (DPBHS) is committed to providing a comprehensive behavioral health system for children and families as we continually strive to fulfill our vision: "Resilient Children and Families living in Supportive Communities."

DPBHS's goal is to achieve positive and sustainable outcomes for children and families as stated in its mission "To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care." DPBHS embraces System of Care (SOC) approaches with the following core principles:

1. Practice is Individualized;
2. Services are Appropriate in Type and Duration;
3. Care is Child-Centered, Youth-Guided and Family-Focused;
4. Care is Community-Based whenever possible;
5. Care is Culturally Competent;
6. Care is Seamless, within and across Systems; and
7. Teams Develop and Manage Care.

DPBHS seeks providers that value and practice the principles stated above. The objective of this Request for Proposals (RFP) is to improve client outcomes by increasing accessibility to local, high quality, effective community-based/residential mental health, substance abuse, and co-occurring treatment services of varying intensities that employ best practices, safely reduce the number of children served out-of-home and/or out-of-school, and work in collaboration with children, their families, informal supports and service partners.

This is an **open and continuous RFP**. DSCYF will accept applications on a continuous basis through June 30, 2020. Initial application **quarterly reviews** will begin as identified below, but DSCYF reserves the right to review applications more often at its discretion:

- Quarter 1 (July-September) submissions reviewed by: End of December
- Quarter 2 (October-December) submissions reviewed by: End of March
- Quarter 3 (January-March) submissions reviewed by: End of June
- Quarter 4 (April-June) submissions reviewed by: End of September

**Responses to this particular RFP release must be received no later than June 30, 2020, at 2:00 pm ET.** Subsequent RFP releases will allow for responses to be submitted through future identified dates above.

Contract award(s) will be dependent on the quality of applications received and the needs of the Department. Contract award(s) may be extended for up to five years pending satisfactory performance, available funds and continued need.

**DPBHS has identified service gaps in its current service continuum. DSCYF seeks to improve and broaden the array of treatment offered by way of this *open and continuous***

**Request for Proposals (RFP).** The objective of this RFP is to solicit applications for intellectual and developmental disabilities, mental health, substance use, and/or co-occurring services, which use an integrated System of Care approach and embrace key features such as:

1. Practice models supporting trauma-informed care with a strong focus on establishing, maintaining, strengthening and supporting connections with the family and community, including significant engagement of preventive services, natural supports, community recreational activities, etc.
2. Evidence-based and innovative clinical practices that are responsive to the individual child and family's complex social, emotional, and psychological needs;
3. Treatment services and family intervention designed to develop and sustain positive behavioral change and self-regulation skills
4. Natural supports and community resources that support the unique needs of the individuals and families served are identified and coordinated;
5. Services meet the needs and schedules of families, and are/or available in evenings, weekends, and/or holidays, and are primarily focused on non-school hours; and
6. The capacity to 'right-size' the range and scope of services to meet prevailing and future demographic and treatment trends.

DPBHS is interested in creative approaches that may differ from the current or past program service approaches used in our state. Responses should clearly describe the proposed services expected outcomes of successful treatment intervention. Examples of positive outcome measures of effective treatment include: increased stability in the client's home, school, and/or other settings; reduced problematic behavior; increased functional skill in various settings; decreased intensity and duration of services; absence of substance use and/or criminal activity; avoiding more intense or "deeper end" services and for outpatient services reducing acute care (inpatient hospitalization), crisis intervention utilization; and reduced use of residential treatment.

**This is a non-binding RFP. Distribution of this RFP does not guarantee that DSCYF will fund any proposals/applications, or any element of proposals that are received. DSCYF anticipates that successful bidders/applicants might anticipate one to three year contracts, if selected as a result of this RFP process. Contracts are subject to annual funding reauthorization within this period, contingent upon satisfactory performance and availability of funds. DSCYF reserves the right to extend contracts for an additional two years on the same basis.**

### **Clinical Services Management**

DPBHS is constantly evaluating its current structure and approach to care coordination and service authorization. Because of a this review DPBHS may change its current practices that may result in changes in our utilization process, particularly regarding structure of reviews, service authorizations, timeliness of entrance into services, and local accessibility. These changes may result in new arrangements with service providers as they are refined and will be discussed during provider meetings and outlined in our Provider Manual.

All DPBHS clients' care; is managed by DPBHS. Contracted treatment service providers are required to work collaboratively with the client's assigned DPBHS staff to develop a shared

understanding of the youth and family's needs and goals, and work together to support achievement of these goals. DPBHS authorizes, manages and facilitates the client's transitions between providers, levels of care, and scope and intensity of services. Currently, the results of the client's initial behavioral health assessment, other bio psychosocial evaluative information, DSCYF's Mental Health Criteria for Services and/or the American Society for Addiction Medicine (ASAM) and the CASII – Child & Adolescent Service Intensity Instrument. These tools are used to establish clinical necessity for services, including the initial level, scope and intensity of services, and length of stay. DPBHS will further refine decision-making criteria including detailed service descriptions specifying admission, exclusion, and discharge criteria. These criteria will provide a better basis for uniformity in service authorization decisions. These refinements may occur throughout the year.

### **Evidence-Based Practices**

Bidder responses will propose the use of evidence-based and/or innovative approaches to treatment services, which are supported by empirical literature and align with the System of Care core principles previously referenced. The RFP responses should demonstrate the Bidder's ability and experience with evidence-based clinical interventions and practices that have been shown to effectively meet the diverse physical, emotional, cognitive, and behavioral needs of the children and their family in their local community.

Bidders should identify the specific evidence-based clinical intervention(s) and practice(s) to be used in the proposed services; how staff is trained and skills are sustained. DPBHS continues to promote and support statewide use of evidence-based practices through the implementation of empirically supported practices and assessment tools.

## **II. Scope of Services**

DPBHS goal is to provide a continuum of service for Delaware's children and families. We offer and will continue to look to increase our continuum. A comprehensive list of DPBHS' current community based mental health and substance use treatment services can be found in this RFP however, DPBHS does not guarantee the continuation of any service on the current list, as it is currently defined or delivered. Any provider willing to provide service for DPBHS must respond to this RFP if they wish to be considered.

DPBHS seeks to procure full service continuum of services for children ages 0 to 18 with mental health, substance use, or co-occurring (mental health and substance use) disorders and behavioral symptoms. DPBHS is interested in RFP responses that propose innovative approaches to enhance treatment options in its service continuum. Services should be individualized and flexible in order to meet the unique treatment needs of the child, youth and their family consistent with the priorities for mental health and/or substance abuse treatment included in:

- ✚ Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions.  
<http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>
- ✚ Coverage of Behavioral Health Services for Youth with Substance Use Disorders  
<http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-01-26-2015.pdf>

DPBHS emphasizes the importance of being able to service Delaware's children and families and are looking for providers that are qualified and willing to work with complex challenges.

DPBHS understands the value of continuity of care and maintaining consistency of treatment providers when possible. DPBHS recognizes its current service structure may not be meeting the individual needs of all youth served and seeks to provide a more comprehensive menu of service options to enable individualized services to meet each client and family's needs.

DPBHS is interested in responses, which include an array of services developed by a single provider or through established partnerships among providers allowing flexible service delivery, varying levels of intensity, and use of treatment support services to meet the unique needs of each child and family.

DPBHS Mobile Response and Stabilization Services (MRSS) **are not included in this RFP**, however, respondents will address the management of acute and crisis situations for youth involved in their services, including specific intervention strategies and safety planning practices along with specific criteria for involving the police, MRSS or referring a child for inpatient care. Proposals will highlight the safety measures to be taken by the provider to maintain youth in the community and when the occurrence of inpatient treatment or other bed-based services may be utilized. DPBHS is particularly interested in service options in which the provider will manage crisis/safety issues and will build the youth and family's ability to avoid crisis and to manage crisis situations as they arise.

While the identified client is a child under the age of 18, who meets DPBHS eligibility criteria for services, DPBHS recognizes that the success of a child's treatment is greatly impacted by the family, guardians and his or her support system. Family and parent supports are often required to facilitate and foster positive change. DPBHS is interested in services that address needs and difficulties of the family unit and are not limited to services addressing only the identified child's behavioral health treatment needs. DPBHS encourages respondents of this RFP to collaborate with other agencies, when indicated, to provide a full array of child and family-focused services. Responses will demonstrate how care will be coordinated with other service providers to allow for seamless transitions across services and service providers.

Below are descriptions of services that DPBHS have identified an ongoing need for; however, the list is not exhaustive and may be added to through RFP addendum. DPBHS seeks applications/bids that identify services to meet the individual needs of the children, youth and their families served.

1. **Outpatient Services** encompass varying intensities and service elements. Outpatient therapy includes weekly/routine individual, family and group services as well as more frequent therapy services, which are delivered in office, home and community settings. Additionally, DPBHS is interested in:
  - Responses from providers that utilize licensed outpatient therapists who are certified in the delivery of specialized evidence based treatment practices and/or trauma-specific treatments such as but not limited to Parent-Child Interaction Therapy, Multisystemic Therapy, Dialectical Behavior Therapy, Functional Family Therapy, Trauma-focused Cognitive Behavioral Therapy etc.;

- Providers with therapists treating specialized populations, such as Intellectual and Developmental Disabilities (IDD), Lesbian, Bisexual, Gay, Transgender, Questioning, (LBGTQ) youth, youth with eating disorders, youth with problematic sexual behavior, aggressive/ violent youth, youth coping with grief, loss and / or trauma, non-English speaking families, and youth with dual diagnosis (mental health / substance use, mental health / developmental disabilities, etc.); and
  - Acute outpatient transition services that are short-term (less than 60 days) and readily available. These services include clinical and clinical support services for youth transitioning between services such as youth returning from out of state residential services, youth returning to school, and other situations requiring added support during a transition.
2. **Intensive In-home Services** are designed to keep challenging youth in their homes and prevent out of home placements. Services are generally delivered by a team of therapists or a team including a paraprofessional and a clinician. Intensive In-Home Services are available for 24-hour responses including in-person sessions on weekends and evenings. Intensive In-Home Services include case management services, crisis response and intervention services, individual and family therapy, psychiatric services, skills training and behavioral interventions. In many states, this service is considered an alternative to facility-based residential services and youth must be unsuccessful at this level of care to be considered for facility-based residential treatment.
  3. **Parent and Youth Treatment Support Services** develop and link children and families with formal and informal supports; instill confidence; assist in developing goals; serve as an advocate, mentor or facilitator to resolve issues; teach skills necessary to improve coping abilities (as discussed in the above referenced Information Bulletin). Services build upon the child and family strengths, teach new skills and assist the child and family in applying these skills when faced with challenging situations and behaviors. Parent and youth support providers work in conjunction with a treatment provider and care plans must clearly state objectives and anticipated use of service. These services encompass several specialized skills and real life experience (therapeutic recreation, therapeutic mentors, etc.). Behavioral Intervention services would be included in this service.
  4. **Partial Hospital Program (PHP)/Day Hospital**  
Day Hospital is a 5-full-day a week intensive program that provides developmentally appropriate intervention for seriously disturbed children or adolescents who are unable to fulfill the functional requirements of his/her developmental stage without this level of intensive service. This level of care provides support and psychiatric services five days per week to clients living at home or in other residential settings. Average length of stay is 1 to 2 weeks.
  5. **Inpatient Hospital**  
Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and

monitored, and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DPBHS continuum of services. Average length of stay is 3 to 10 days.

## **6. Residential Rehabilitative Service (RRS)**

Residential treatment, also called residential rehabilitation or inpatient rehab, describes either a mental health facility or a drug and/or alcohol or process addiction treatment program that is provided to patients in a residential setting.

Residential Rehabilitative Service (RRS) provides a 24 hour, supervised, residential living arrangement with intensive therapeutic services for children and adolescents with Behavioral Health disorders that impair their ability to be successful in community settings. Youth requiring RRS are diagnosed with varying Behavioral Health disorders and may present as a risk to themselves or others, require intense supervision, have difficulty self-regulating their behaviors and have not benefited from community based treatment services.

Services will be delivered in a trauma informed environment in conjunction with other evidence based practices. The focus of treatment is to resolve the primary presenting problems that necessitated the youth's need for this type of structured residential treatment service. Family involvement and participation in treatment is expected when identified caregivers are involved and community (and school) reintegration shall be supported, as clinically appropriate, for youth in residential care.

Research shows improved outcomes with shorter length of stay, increased family involvement and stability and support in the post-residential environment (Walters & Petr, 2008). Services will embrace the following core principles:

- Family Driven & Youth Guided Care
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)

Average length of stay: 3-6 months

## **7. \*Psychiatric Residential Treatment Facility (PRTF)**

A Psychiatric Residential Treatment Facility (PRTF) is defined by the Centers for Medicare and Medicaid Service (CMS) as a “separate, stand-alone entity providing a range of comprehensive services to treat the psychiatric condition of youth on an inpatient basis under the direction of a physician. The purpose of the service is to improve the residents' condition or prevent further regression so that services are no longer necessary”. PRTF's provide comprehensive rehabilitative services to assist and support youth, with behavioral health (Mental Health, Substance Use and Co-occurring MH/SA) disorders, in the development of positive personal and interpersonal skills,

daily living skills, and behavior management skills; to improve functioning and meet the youth's developmental needs; and to enable youth to identify, adjust, and manage symptoms. Individual and group activities and programming must consist of services to develop skills in functional areas that interfere with the youth's ability to live in the community; participate in educational activities; develop or maintain social relationships; or enhance participation in social, interpersonal, recreational, or community activities.

PRTF level of care is designed for high-risk youth that have been diagnosed and present with complex conditions that require extended treatment in a structured setting in order to more adequately treat their psychiatric and psychosocial needs. These residential programs can improve outcomes for youth both by providing a course of active psychiatric treatment within a structured residential treatment setting and by providing or facilitating access to community-based aftercare mental health services through linkages to schools, community resources, and family/natural supports. This service provides support and assistance to the youth and the family. PRTF facilities will be staffed 24 hours a day, 7 days a week, provide treatment under the daily supervision of a physician and provide a high level of nursing and/or specialized staff to meet the diverse needs of the target population. PRTF services are delivered in secure or non-secure settings. PRTF's are required to provide educational services for the youth residing in their facility.

#### **8. Residential Transition Service (RTS)**

Residential Transition Services (RTS) are ancillary services provided in preparation for a child's return home from a residential facility and continue, with the same provider, after the child has transitioned back to the home. Services are designed to work with the family and child prior to discharge. The service will identify natural and community supports and plan for these resources to be utilized to promote positive transitions home. Average length of stay is 3 to 4 months.

#### **9. Transition Support Service (TSS)**

Transitional Bed Service (TBS) services provide supervised, supported care, including overnight, for youth with emotional disturbance or behavioral health issues. Transition Support Service may provide short-term stabilization; a safe, structured environment for youth awaiting placement. Youth utilizing these services must be active with DPBHS and the use of the service must support a positive transition to an appropriate longer-term service or placement. The use of this service can significantly reduce stress in the family, enhance the family's ability to keep their child/youth at home in the community, and prevent or delay the use of more restrictive behavioral health services for the child. The use of a Transition Support Services may be planned or be offered as an option in emergent situations; and should **not** to be used in lieu of a crisis residential service, inpatient care or residential treatment. These beds are not designed to provide 1:1 supervision and should not be considered for youth requiring this level of observation. Average length of stay is 1 to 3 days.

## **10. Crisis Residential Service**

Crisis Residential Services provide a temporary supervised setting which provide safety, supervision and treatment and for a child in a crisis. Average length of stay is 1 to 3 days.

## **11. Evidence-Based Practices**

### **Family Based Mental Health Services (FBMHS)**

FBMHS is a team delivered service rendered in home, community and school settings. It is designed to integrate mental health treatment, the family, family support services, the surrounding system, and casework so that families may continue to care for their children and adolescents with a serious mental illness or emotional disturbance in their home. These children and adolescents experience depression, anxiety, chronic acting out behaviors, aggression, social, coping and skill deficits, drug and alcohol abuse, and school truancy. These children are frequently described as “hard to manage” by their parents. Often times, their personality traits and their parents’ management skills are frequently in conflict with each other which lead to a youth/family’s involvement with multiple systems.

### **Multi-Systemic Therapy (MST)**

Multi-Systemic Therapy (MST) is a home-based intensive family and community-based treatment that addresses multiple aspects of serious conduct related behavior in adolescents. MST typically targets chronic, aggressive youth who are at high risk of out-of-home placement. MST recognizes that many “systems” (family, schools, neighborhood/community, and peers) play a critical role in a youth's world and impacts their behavior. Each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST strives to promote behavior changes in the youth’s natural environment, using the strengths of each system to facilitate change. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change.

### **Functional Family Therapy (FFT)**

Functional Family Therapy (FFT) is a short-term, family-focused, community-based treatment for youth who are either “at risk” for, or who manifest, antisocial behavioral problems such as conduct disorder, oppositional defiant disorder, disruptive behavior disorder, violent acting-out and substance abuse disorders. Comorbid behavioral or emotional problems, such as anxiety or depression, may also exist as well as family problems, such as communication and conflict issues. FFT incorporates specific intervention phases which include engagement, motivation, assessment, behavior

change and generalization. FFT is designed to improve within-family attributions, family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior.

### **Dialectical Behavior Therapy (DBT)**

Dialectical Behavior Therapy (DBT) is an evidence based outpatient service. It has been empirically validated for adults and the emerging literature shows great promise for treating adolescents. This has been an effective treatment for a variety of conditions such as borderline personality disorder, depression, post-traumatic stress disorder (PTSD), substance abuse, self-injurious behaviors and eating disorders. Treatment is used to aid adolescents in managing problem behaviors (self-harm, self-injury, suicidal planning, gestures, actions, impulsive decision making, and avoidance) used maladaptive to manage stressful life situations.

Provider Qualifications: **Providers must have the specific training to deliver evidence based practices.**

## **12. Therapeutic Support for Families (TSF)**

Therapeutic Support for Families provides psycho-educational, therapeutic and supportive services for parents/caregivers and youth who are eligible for services. TSF services are typically delivered in conjunction with other treatment services but may, in some instances, be the only service provided. TSF goals will be included in the youth and family's treatment plan and will include the projected frequency and length of service along with the specific interventions and activities (with purpose) to be incorporated in the attainment of these goals. TSF services are tailored to meet the unique needs of the youth and family. Often these services will be required during specific times of day (such as in the morning, evening or bedtime) so availability of resources must allow for services to be provided at the times identified by the caregiver.

## **13. Technical Assistance**

Comprehensive technical assistance (TA) is needed in order to support PBH staff and community-based providers on supporting individuals with intellectual/developmental disabilities and co-occurring mental health challenges, as well as the family members of these individuals.

Technical assistance should incorporate a systemic approach and support all levels of an organization, building capacity in order to promote long-term change and sustainability.

Technical assistance should be based in evidence-based practices, consider family-centered approaches, and include information on community-based resources.

Technical assistance should be conducted in multiple ways including on-site and should be readily available to support unexpected circumstances. Bidders should have expertise in intellectual/developmental disabilities and mental health, with a particular emphasis in autism spectrum disorders. Robust evaluation of technical assistance should be incorporated into plans.

#### **14. Targeted Case management**

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services, which includes responsibility for locating, coordinating and monitoring appropriate services for an individual. Targeted case management includes contacts with non-eligible individuals who are directly related to identifying the individual's needs and care, for the purposes of helping the eligible individual access services, identify needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs (42 CFR §440.169(e)). Targeted case management includes referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, education providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals in the care plan.

#### **15. Additional Treatment Support Services** could be provided during after school hours and or weekends or daytime hours and may include in-home and overnight services. These services could include and are Providers are encouraged to apply. These services include the following: **Respite Services, Family Peer Services, Peer Services, Skills Groups, and Therapeutic Recreation.**

DPBHS seeks services that incorporate family engagement strategies to identify, engage, connect and support family resources for youth. Resources include family, community members and other significant adults. Evidence shows family engagement promotes family participation, builds trust and promotes positive outcomes for children and families. Family engagement may also identify potential resources and outreach to establish (or re-establish) relationships for youth that can play a variety of positive and supportive roles in a child's life.

There may be additional therapeutic and treatment support services and practices that may be appropriate for smaller segments of the service population. Providers of such services are encouraged to respond to this open and continuous RFP.

Additionally DPBHS is interested in responses from providers of High Fidelity Wraparound Services as these services may be considered for a segment of our population as changes to DPBHS care coordination practices are evaluated.

### **III. Target Populations**

Youth involved with DPBH have varying treatment histories. Some youth will be entering treatment for the first time or have had limited outpatient services, while others previously received treatment, including psychiatric hospitalization, and have made limited progress in lower intensity outpatient services. Many have histories of mental illness, substance use and trauma including those who have been a direct victim of abuse and/or neglect (sexual, physical, and verbal) or have been a witness to a traumatic event(s) in the home (i.e. domestic abuse) and/or in the community (i.e. shootings or gang related activities). These youth are at increased risk of substance use/abuse, have difficulty with interpersonal relationships, and often experience academic challenges.

DPBHS clients often present with behavioral challenges and problems including suicidal/homicidal ideation/attempts/gestures, physical and /or sexual aggression, self-injurious behaviors, substance use, poor judgment (i.e., placing themselves in situations in which they are at elevated risk of harm or exploitation), impulsivity, difficulty sustaining healthy and supportive relationships, and difficulty with self-regulation.

Children, youth and families who are eligible for DPBHS services are insured by either Delaware Medicaid or are uninsured. Of the children and youth receiving DPBHS services, approximately sixty percent (60%), receive services solely from DPBHS, while approximately forty percent (40%) have experienced various levels of abuse, neglect, or criminal activity and are involved with DSCYF's Division of Family Services (DFS) and/or Youth Rehabilitative Services (DYRS).

- **Specialized Populations**

**Please indicate on your application if you are able to serve any of the following special populations:**

- Lesbian, Bisexual, Gay, Transgender, Questioning, (LBGTQ) youth
- Youth with eating disorders
- Youth with problematic sexual behavior
- Aggressive/ violent youth
- Youth coping with grief, loss and / or trauma
- Non-English speaking families
- Youth with dual diagnosis (mental health / substance use, mental health / developmental disabilities, etc.); and
- IDD services are characterized by both a significantly below average score on a test or mental ability or intelligence and by limitation in the ability to function in areas of daily life, such as communication, self-care, getting along in social situations and school activities. Developmental disabilities are attributed to a cognitive or physical impairment that results in limitation in areas as self-care, language, and mobility.

- ✚ Applied Behavior Analysis (ABA) and Board Certified Behavior Analyst (BCBA) are also welcome to apply.

#### **IV. Proposal Services**

DPBHS seeks to purchase mental health, substance abuse, and co-occurring treatment services from prospective treatment service providers that offer services in alignment with system of care core values to provide care that is child-centered, youth-guided, family-driven, and culturally competent using evidence-based practice(s) in its program models. It is recommended that all applicants thoroughly review this RFP. The proposed services should utilize evidence based practices or innovative approaches that have been shown to meet the individual client needs of clients with complex and challenging behavioral health needs. The proposed services should be geographically accessible to a child's family and community with the intent to enable family involvement in care. Proposed services must include specific references to the segment(s) of the service populations to be served including exclusion criteria if applicable.

#### **V. Background Information**

DSCYF is the primary public provider of children's services including child welfare, juvenile justice, and behavioral health (mental health, substance abuse and co-occurring) services. DPBHS is the State's Child Mental Health Authority and provides statewide prevention, early intervention, and mental health and substance abuse services. Below provides a brief overview of the Division and its services:

- Established pursuant to TITLE 29, State Government, Departments of Government, CHAPTER 90 DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES; § 9006;
- Responsible for the provision, planning, coordination, contracting, managing, and monitoring of Delaware's system of public mental health and substance abuse prevention, early intervention and treatment services for children and youth;
- Operates as a statewide, national accredited public managed care entity to deliver comprehensive behavioral health services to children who are enrolled in Medicaid, the Children's Health Insurance Program Delaware Health Children Program, are uninsured, or have exhausted the behavioral health benefits in their private insurance coverage). Through the State's 1115 Medicaid waiver, children who are enrolled in Medicaid/CHIP receive up to 30 units of outpatient services annually through the Medicaid contracted Managed Care Organizations. DPBHS offers an appropriate level of services once these benefits have been exhausted, or if a child requires more intensive services at any time;
- Provides a continuum of behavioral health treatment services through a network of service providers;
- Accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) (2007 to current);
- Funds residential and community-based mental health and substance use treatment services through a line item budget allocated as part of the State of Delaware Annual Budget;

- Manages the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health and Substance Use Block Grant funds for children's services and has successfully competed for over \$24.5M6 in external funds (including several SAMHSA grants) over the past 11 years to expand access to Delaware children and their families and to institute and disseminate the use of evidence-based treatments, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Trauma and Grief Component Therapy for Adolescents, Early Childhood Mental Health Consultation, and Lifelines Suicide Prevention Training;
- Provides direct client care assurance through licensed behavioral health professionals in DPBHS. Provides early intervention services to children in Kindergarten through Fifth grade and behavioral health consultants in Middle Schools (grades 6 – 8);
- Supplements community based services State-wide through funding for after-school extended hours programming;
- Provides prevention services through universal and selective programs to families and targeted children and youth populations in areas including substance abuse, anti-bullying, suicide awareness, out-of-school recreation and other programs

## **VI. DPBHS Regulations**

### **The Centers for Medicare and Medicaid Service's (CMS) Psychiatric Inpatient Under 21 Program (Psych. Under 21):**

Psych Under 21 services include inpatient hospitalization, and accredited Residential Treatment Centers.

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DPBHS continuum of services.

A therapeutic milieu with strong psychiatric medical support is central to effective inpatient treatment. Therapeutic interventions, activities, milieu and educational components must be carefully integrated to create a total ecological treatment regime.

#### **Components of the service include:**

- Independent psychiatric assessment within 24 hours of admission;
- A thorough assessment of the medical, psychological, social, familial, behavioral and developmental dimensions of the client's situation within the context of the client's precipitating symptoms;
- Focused brief treatment and stabilization as medically necessary, including individual and group approaches and problem-specific approaches;
- Therapeutic stabilization of youth in crisis, including physically aggressive minors and minors who are a danger to self or others;
- Safe and secure environment for all minors who are involuntarily admitted, including those who are violent and dangerous to themselves and/or others;

- Involuntary inpatient treatment should be used only in extraordinary circumstances where a minor meets the legal definition for involuntary admission and a parent or legal guardian's signature for voluntary inpatient treatment is unavailable. Treatment is used primarily for acute crisis resolution to address behavior and symptoms, which cannot be addressed at other less restrictive levels of care. When the acute crisis is resolved, the client should continue treatment in a less restrictive context;
- Careful monitoring of psychotropic medications and their effects on the client's behavior;
- High degree of structure, order and predictability with regard to the routines of daily living, the management of peer group interaction to promote social learning and minimize the negative effects of peer influence;
- Programmed activities for the amelioration of presenting problems, including skill building with an emphasis upon interpersonal and problem solving skills; self-care/life skills; activity and recreational programming; and
- Brief family therapy with focus upon reintegration into the community within the shortest clinically appropriate period.

## VII. Provider Qualifications

Please refer to the following for the most up to date information on provider qualifications and agreements:

1. DSCYF Operating Guidelines (as posted and periodically updated under Legally Binding Documents)  
[https://kids.delaware.gov/mss/mss\\_contracts.shtml](https://kids.delaware.gov/mss/mss_contracts.shtml)
2. DSCYF and DPBHS Policies and Procedures  
<https://kids.delaware.gov/pbhs/providers-og.shtml>
3. DelaCare: Residential Child Care Facilities and Day Treatment Program  
<https://kids.delaware.gov/occl/providers.shtml>
4. DPBHS Treatment Provider Manual  
<https://kids.delaware.gov/pbhs/providers-og.shtml>

**Please note: The current DPBHS Treatment Provider Manual has been modified to reflect changes being implemented by the Division in service authorization and care coordination, and to reflect services awarded from this RFP.**

5. Pursuant to 31 Del.C. Section 309 all staff must pass a Criminal Background check and Child Abuse Registry check as determined by DSCYF. More instructions will be provided to successful bidders.

In order to be considered for a contract, applicants/bidders must possess, or demonstrate the ability to meet, the following mandatory qualifications as applicable:

**1. Mental Health Contracted Providers**

- Agency Licensure no specific agency licensure is required by the State for mental health services; however, Contracted Providers must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
- Accreditation must be by a national accreditation organization such as the Joint Commission, CARF, or COA if applicable;
- Family and individual treatment must be performed by a licensed mental health professional at the Masters level or above or by an unlicensed Masters level therapist who is supervised by a licensed mental health professional. Documentation by an unlicensed mental health professional must be signed off by a licensed professional;
- Contracted Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on a regular basis directly or through established relationships;
- All staff must pass a criminal background check;
- Programs function within treatment models supported in current professional literature for age, developmental level and presenting problem, evidence and research based practices; and
- Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).

**2. Substance Use and Co-Occurring Mental Health & Substance Use Contracted Providers**

- Agency Licensure Delaware statute requires that any agency that provides treatment services for substance abuse (alcohol and other drugs), must have a license to do so from the Delaware Division of Substance Abuse and Mental Health (DSAMH). Contracted Providers also must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
- Accreditation must be by a national accreditation organization such as The Joint Commission, CARF, or COA;
- Clinical Supervision must be delivered according to all licensing authorities and according to level of services providing; direct treatment services must be provided a Certified Drug and Alcohol Counselor (CADC) and / or who meet the licensing criteria from DSAMH for practicing under a waiver or under supervision.
- Contracted Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on a regular basis directly or through established relationships;
- All staff must pass a criminal background check;

- Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).

### **3. Treatment Support Service Contracted Providers**

- Agency Licensure Contracted Providers must comply with licensing requirements of all appropriate authorities such as the State, County, or political subdivision having jurisdiction over the type of facilities and services operated by the Contractor;
- All staff must pass a criminal background check;
- Programs function within service models supported in current professional literature for age, developmental level and presenting problem, evidence and research based practices; and
- Compliance with Managed Care procedures, requirements and expectations, as set forth in the most current DPBHS' Provider Manual (see information above).

## **VIII. HIPPA and HITECH Compliance**

All applicants/bidders agree to provide all services in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 in its current version and has periodically revised. In addition, all applicants/bidders agree to the incorporation of a HIPAA Business Associate Agreement which requires the applicant/bidder to perform functions or activities on behalf of, or services for, DSCYF that involve the use or disclosure of Protected Health Information (“PHI”) that is subject to the final federal Privacy, Security, Breach Notification and Enforcement Rules (collectively the “HIPAA Rules”) issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (the Act including the HIPAA rules shall be referred to as “HIPAA”) and the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”), as each is amended from time to time.

## **IX. Compensation**

**All successful applicants must agree to accept the compensation set by Delaware Medicaid.** The Successful bidder must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State’s option, without imposing any additional fees, cost or conditions.

## **X. Application Evaluation Criteria**

Qualified bidders/applicants will be those deemed to be in compliance with all requirement in the published and periodically updated DSCYF/DPBHS Treatment Provider Manual found here: <https://kids.delaware.gov/pbhs/providers-og.shtml>. As well as any other applicable policy as referenced in the published manual, in this RFP and in the “Application for Authorization” referenced below.

## **XI. Award Process**

The review and award process has several facets to it. The bidder/applicant must first submit the documents listed in Section X. above. The DPBHS Authorized Provider Committee will review and determine if the bidder/applicant is eligible to be authorized. If so, the bidder/applicant information is sent to the Delaware Medical Assistance Portal (DMAP) for enrollment as a Fee for Service Medicaid Provider. Once DMAP has enrolled the authorized

applicant only then will DPBHS consider the applicant for a contract award making it eligible to provide services to DPBHS clients.

## **XII. Submission Content**

Bidders/Applicant interested in being considered for a DMAP enrollment and a contract award must submit the following documentation **all available where this on-going RFP is posted online:**

- A completed “Application for Authorization” with all necessary documentation
- A completed “Hire Delaware” Form
- A signed “Certifications” Form
- A signed “Assurances” Form
- A completed PRTF Program Survey (\*if bidding to provide PRTF services)

## **XIII. FOR ANY FORMER OR CURRENT STATE EMPLOYEE WHO IS INTERESTED IN COMPETING FOR THESE CONTRACTS:**

To insure compliance with the State's Code of Conduct post-employment law (which provides that former State employees may not work on State projects if they were directly and materially related to their work as State employees), it is required that current State of Delaware employees or those employed within the past two years who respond to this RFP, also contact Deborah Weaver, Esq. (302-739-2399), attorney for the Delaware Public Integrity Commission. Ms. Weaver will assist such individuals in reviewing their situation, determining if a request to the Commission for advice is needed, and in drafting an appropriate letter to the Commission if necessary. Where such a letter is indicated, it must be submitted for consideration by the Commission at its regularly scheduled monthly meeting.

Individuals wishing to submit a proposal in response to this RFP who receive a pension benefit from the State Employee’s Pension Plan are required to complete Form-SS-8 “Determination of Worker Status” with the Internal Revenue Service. The application and findings from the Internal Revenue Service must be reported to the Delaware Board of Pension Trustees for a determination of the individual meeting the definition of employee within the Plan. For more information visit <http://delawarepensions.com>

## **XIV. Application Determination**

Review of an application can result in a variety of terminations based on various factors as follows:

- a. Unqualified
- b. Qualified, but unable to unwilling to enroll in Delaware Medicaid
- c. Qualified, and successfully enrolled in Delaware Medicaid

## **XV. Post Determination Application Recommendation**

Based on the above “Determination” the applicate will be recommended for one of the following:

- a. Contract award pending successful negotiations and/or Delaware Medicaid enrollment

- b. Placed on a reserve list of qualified agencies should the need arise for the services offered at which time a contract will be executed
- c. Not recommended for a contract award

## **APPENDIX A – Bidder Forms and Instructions**

### ***Submission Instructions***

*Failure to follow Departmental procedures may disqualify a bidder's organization.*

#### **I. FORMAT**

Proposals should be printed on 8 1/2" x 11" paper. To be considered all proposals must be submitted in writing and respond to the items outlined in this RFP and “Application for Authorization”. Videos will not be presented to the panel. **Binders, color graphics and extensive attachments** are unnecessary. **Double-side copying** is strongly encouraged.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposal documents. The successful bidder must be in compliance with all licensing requirements of the State of Delaware at time of contract execution.

Bidders may be called, only at the discretion of the Department, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

#### **II. QUESTIONS**

All questions regarding this request should be directed to H. Ryan Bolles at [Herbert.Bolles@State.DE.US](mailto:Herbert.Bolles@State.DE.US) or 302-633-2701. Questions will be forwarded to the appropriate DSCYF program administrators. Updates and answers to significant content questions will be posted on the State's solicitation web site [www.bids.delaware.gov](http://www.bids.delaware.gov) where this RFP is posted. **It is the bidder's responsibility to check the website for updates to this RFP.**

#### **III. ETHICS LAW RESTRICTIONS**

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

#### **IV. PROPOSALS BECOME STATE PROPERTY**

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

#### **V. RFP AND FINAL CONTRACT**

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with any of the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

## **VI. PROPOSAL AND FINAL CONTRACT**

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid.

## **VII. MODIFICATIONS TO PROPOSALS**

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

## **VIII. COST OF PROPOSAL PREPARATION**

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

## **IX. EVALUATION REQUIREMENTS AND PROCESS**

The Application Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Application Review Committee shall be responsible at its discretion to determine if an applicant is deemed "Authorized" by review of the provided documentation and compliance with the state requirements as stated previously in this RFP. Applicant evaluations shall be at the sole discretion of the Applicant Review Committee.

The Applicant Review Committee reserves the right to:

- Select for contract or for negotiations, an application/proposal other than that with the lowest costs.
- Accept/Reject any and all applications/proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in applications/proposals received.
- Request modification to applications/proposals from any or all bidders during the review and negotiation.
- Negotiate any aspect of the applicant/proposal with any bidder and negotiate with more than one bidder at the same time. The Department reserves the right to contract with more than one bidder.

All applications/proposals shall be evaluated using the same criteria and scoring process. Bidders may be scheduled to make oral presentations in support of their written proposals. However, applications/proposals are expected to stand on their own merits as written. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the applications/proposals and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

## **X. REJECTION OF PROPOSALS**

DSCYF reserves the right to reject any/all applications/proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support.

Any applications/proposals called "not accepted" will mean that another proposal was deemed more advantageous or that all applications/proposals were not accepted. Bidders whose proposals were not accepted will be notified of that outcome.

Any applications/proposals failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The applications/proposals must conform to the requirements as stated in the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format.

## **XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES**

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all applications/proposals received in response to this RFP
- Waive or modify any information, irregularities, or inconsistencies in applications/proposals received
- Consider a modification of an application/proposal if the modifications make the terms of the proposal more favorable to the Department
- Negotiate as to any aspect of the application/proposal with any bidder and negotiate with more than one bidder at the same time
- If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive bidder, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

## **XII. STANDARDS FOR SUBCONTRACTORS**

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's work plan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime bidder will be the State's primary contractor.

### **XIII. CONTRACT TERMINATION CONDITIONS**

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting application/proposal.

The State shall provide the Contractor with 30 days notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of the contract, if funds anticipated for the continued fulfillment of the contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate the contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

### **XIV. NON-APPROPRIATION**

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

### **XV. FORMAL CONTRACT AND PURCHASE ORDER**

No bidder is to begin any service prior to approval of a State of Delaware Purchase Order by the Secretary of the Department of Finance. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications, any special instructions and the Contract terms and conditions.

### **XVI. INDEMNIFICATION**

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

### **XII. LICENSES AND PERMITS**

In performance of the contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

### **XIII. INSURANCE**

Bidder recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the bidder's negligent performance under any resulting contract, and particularly without limiting the foregoing, caused

by, resulting from, or arising out of any act of omission on the part of the bidder in its negligent performance under any resulting contract.

The bidder shall maintain at its own cost for the term of any resulting contract and all extensions such insurance as will protect against claims under Worker’s Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the Department of Services for Children, Youth and Their Families.

During the term of any resulting contract, the successful bidder will, at its own expense, also carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
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And at least one of the following, as outlined below:

b.	Medical or Professional Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
c.	Misc. Errors and Omissions	\$1,000,000 per occurrence / \$3,000,000 aggregate
d.	Product Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate

The successful bidder must carry (a) and at least one of (b), (c), or (d) above, depending on the type of Service or Product being delivered.

If the contractual service requires the transportation of DSCYF clients or staff, the successful bidder shall, in addition to the above coverages, secure at its own expense the following coverage:

a.	Automotive Liability (Bodily Injury)	\$1,000,000 per occurrence / \$3,000,000 aggregate
b.	Automotive Property Damage (to others)	\$25,000

The bidder shall provide a Certificate of Insurance (COI) as proof that the bidder has the required insurance. The COI shall be provided prior to DSCYF prior to any work being completed by the awarded bidders(s).

The Department of Services for Children, Youth & Their Families shall be named as an additional insured.

Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provision.

**XIX. NON-DISCRIMINATION**

In performing the services subject to this RFP, the firm agrees that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

**XX. COVENANT AGAINST CONTINGENT FEES**

The successful bidder warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies

maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

**XXI. CONTRACT DOCUMENTS**

The RFP, the Purchase Order, the Application for Authorization and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and the bidder's Application for Authorization. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

**XXII. APPLICABLE LAW**

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

**XXIII. SCOPE OF AGREEMENT**

If the scope of any provision of the Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.